

Montana Petroleum Tank Release Compensation Board
Transfer of Petroleum Release Eligibility
Form 1-T

This form is to be utilized by a new owner or operator to advise the Petroleum Tank Release Compensation Board that the ownership of the listed property has changed and the new owner or operator has assumed responsibility for the petroleum release cleanup. This form should be utilized if this release has been deemed eligible by the Petroleum Tank Release Compensation Board. If this release has not been determined eligible by the Board, the owner or operator must complete and submit an Application for Petroleum Release Eligibility (Form 1-R). Submission of this form indicates that the new owner or operator of the petroleum storage tanks will be requesting reimbursement for corrective action and/or third party bodily injury or property damage costs. The owner will be advised when the Board staff has completed the review of the application.

A. CONTACT INFORMATION — Please record names of the tank owner and operator.

New Property Owner

Name

Contact Name

Address

City State Zip

Telephone Number

Email Address

Tax Id Number (if receiving reimbursement)

New Tank Operator (if tanks are present)

Name

Contact Name

Address

City State Zip

Telephone Number

Email Address

Tax Id Number (if receiving reimbursement)

B. Facility Information — Please record facility and release information.

Facility Name

Street Address

City State Zip

Facility ID Number

County

DEQ Release Number

CERTIFICATION

Have you, as the owner/operator of the tank that leaked, been convicted of a substantial violation of state or federal law or rule that relates to the installation, operation, or management of petroleum storage tanks?

☐ Yes

☐ No

I, the owner or operator of the above-described property certify the information contained within this form is true and correct under penalty of law. (**Section 45-7-202, MCA False Swearing**). I fully understand that any fraudulent or erroneous information may jeopardize the eligibility for reimbursement from the Petroleum Tank Release Cleanup Fund for this release.

Property Owner or Tank Operator Signature

Property Owner or Operator Name (Typed or Printed)

Date (mm/dd/yyyy)

SUBSCRIBED and SWORN to before me on this _____ day of _____ 20 ____.

Notary Public

(S E A L)

Notary Public for the State of _____

Residing at _____

My Commission Expires _____

Submit completed form to:

**PETROLEUM TANK RELEASE COMPENSATION BOARD
PO BOX 200902
HELENA, MT 59620-0902**